

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr</u> NICKNAME FIRST <u>Ray</u> LAST <u>Jones</u> MI <u>A</u> SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Data Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>P.O. Box 667518</u> APT / SUITE #: <u></u> CITY: <u>Houston, Tx</u> STATE: <u></u> ZIP CODE: <u>77266</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(713)</u> PHONE NUMBER: <u>529-7887</u> EXTENSION: <u></u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mrs</u> NICKNAME FIRST <u>Vonnie</u> LAST <u>Jones</u> MI <u>B</u> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <u>324 Ferndale</u> APT / SUITE #: <u></u> CITY: <u>Houston, Tx</u> STATE: <u></u> ZIP CODE: <u>77098</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(713)</u> PHONE NUMBER: <u>529-7887</u> EXTENSION: <u></u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <u>05 / 13 / 2005</u> THROUGH <u>06 / 30 / 2005</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 08 / 2005</u> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>N.A.</u>	13 OFFICE SOUGHT (if known) <u>City Council seat district C</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name <u>None</u> Address / PO Box: Apt. / Suite #: City: State: Zip Code <input type="checkbox"/> additional pages		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Ray A Jones

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

800.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

620.97

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

179.19

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ray A Jones
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said RAY A JONES this the 15th day of July, 2005, to certify which, witness my hand and seal of office.

Michelle Natarajan
Signature of officer administering oath

Michelle Natarajan
Printed name of officer administering oath

Vice President
Title of officer administering oath

AL

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Ray A. Jones</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>5/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Gloria Ann Minnick</u>	7 Amount of contribution (\$) <u>500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>[REDACTED]</u> <u>TX</u> <u>77098</u>			
9 Principal occupation / Job title (See Instructions) <u>Attorney</u>		10 Employer (See Instructions)	
Date <u>5/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Jerry L. Jones</u>	Amount of contribution (\$) <u>150.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>[REDACTED]</u> <u>Houston, TX 77098</u>			
Principal occupation / Job title (See Instructions) <u>US Postal Employee</u>		Employer (See Instructions)	
Date <u>6/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Bele and Richard Page</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>[REDACTED]</u> <u>Cypress, TX 77429</u>			
Principal occupation / Job title (See Instructions) <u>Insurance Agent (retired)</u>		Employer (See Instructions)	
Date <u>5/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>RAY A. JONES</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>[REDACTED]</u> <u>Houston, Texas 77098</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

AL

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Ray A. Jones

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/10

2005

5 Payee name

Katy Walthall

6 Payee address:

City: State: Zip Code

1829 Augusta, Suite 24

Houston, Texas 77057

7 Amount (\$)

512.00

8 Purpose of payment (See instructions regarding type of information required.)

Web design/logo

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

6/16

2005

Payee name

Copy.Com

Payee address:

City: State: Zip Code

1201-F Westheimer

Houston, Texas 77066

Amount (\$)

30.31

Purpose of payment (See instructions regarding type of information required.)

Printing material

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5/25

2005

Payee name

Regions Bank

Payee address:

City: State: Zip Code

P.O. Box 340609

Houston, Texas 77234

Amount (\$)

78.50

Purpose of payment (See instructions regarding type of information required.)

Check Printing

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address:

City: State: Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED